

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10450**

FILED APR 18 1940
Registration District No. **740**

Primary Registration District No. **4058**

Registrar's No. **10**

1. PLACE OF DEATH

(a) County **Baldwell**
(b) City or town **Hamilton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days **150**

3. (a) PRINT FULL NAME

William Benjamin Guffy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ella Sandra Guffy**

6. (c) Age of husband or wife if alive years

7. Birth date of deceased **May 3 1858**
(Month) (Day) (Year)

8. AGE: Years **81** Months **10** Days **3** If less than one day hr. min.

9. Birthplace **Baldwell Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business

MOTHER FATHER

12. Name **Stokley P. Guffy**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Jones**

15. Birthplace **Livingston Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Guffy**

(b) Address **Kingston Mo.**

17. (a) **Burial** (b) Date thereof **Mar 9 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **R. P. Houghless**

(b) Address **Hamilton Mo.**

19. (a) **Mar 9 1940** (b) **Mark Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Baldwell**
(c) City or town **Hamilton**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**
year **1940** hour **9** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Feb 24**
19**40** to **March 6** 19**40**

that I last saw him alive on **Mar 6** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**
Duration **10 days**

Due to **Arterio-sclerosis**

Due to **g. i. v.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Hubert R. Brock** (M. D. or other)
Address **Hamilton Mo.** Date signed **3/9/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 11,
District File Number 440-257-
Date Filed APR 13 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L.R. Loughlin....., Registered Apprentice No.....
working under my personal supervision

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.